

City of Rocky Mount
Inspection Services
**Manufactured Home
Permit Application**

Applicant Name			Date
County Project is located in ____ Nash ____ Edgecombe		Codes to be applied, ____ SBCCI or ____ IBC	
Project Address		Model Home Name	
Property Owner		Telephone	
Set-up Contractor		Telephone	
Address		State License #	
City	State	Zip Code	
Project Supervisor			
Estimated Home Cost (minus sub contractor cost) \$			
Electrical Contractor Name			License #
Plumbing Contractor Name			License #
Mechanical Contractor Name			License #
Unit Type ____ Single Wide ____ Multi-sectional		Total Sq. ft.	
Building Height _____ Feet _____ Number of Stories			
Accessory Structures			
_____ Sq. Ft. of Garage	_____ Sq. Ft. of Patio	_____ Sq. Ft. of Deck	_____ Sq. Ft. of Porches
_____ Sq. Ft. of Carports	_____ Sq. Ft. of Basement	_____ Sq. Ft. of Terraces	_____ Fence
Please Attach a copy of a site plan showing distances from property lines, lot shape, size and relationship to street/s if unit is set on individual lot.			

I hereby certify that all the information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I further understand that this is not an authorization to begin work. **Work may only commence after approval and issuance of the permit.**

Owner/Agent Signature

(Do not write below this line. For office use only)

Received by _____ Approved by _____ Date Approved _____

Property Zone ____	Is property in the Floodplain ____ Yes ____ No	Setbacks Front ____ Side ____ Rear ____ Corner ____
Checked by _____	Is property in the Floodway ____ Yes ____ No	Is property in the Watershed ____ Yes ____ No

If Floodplain is marked Yes- remind customer that an Elevation Certificate is required to be submitted.

Revised 7/02